Case 4:22-cv-00974-P Document 1 Filed 10/28/22 Page 1 o	42 PAGENTRICT COURT NORTHERN DISTRICT OF TEXAS FILED
AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241	OCT 2 8 2022
UNITED STATES DISTRICT COURT	By the state of th
	·
) Case No	JV - 974 - P
Respondent ) (name of warden or authorized person having custody of petitioner)	
PETITION FOR A WRIT OF HABEAS CORPUS UNDER 28 U.	S.C. § 2241
Personal Information	
1. (a) Your full name: Pennie Rewar Rodnguez	-
(b) Other names you have used: Taylor, Hicks  2. Place of confinement:	
(a) Name of institution: FMC Carswell	
(b) Address: . <u>4.0. Box 27137</u> Fort Worth, Tx 76127	
(c) Your identification number: 25005-509	
3. Are you currently being held on orders by:  ☐ Federal authorities ☐ State authorities ☐ Other - explain:	
4. Are you currently:	· · · · · · · · · · · · · · · · · · ·
☐ A pretrial detainee (waiting for trial on criminal charges)  ☐ Serving a sentence (incarceration, parole, probation, etc.) after having been confif you are currently serving a sentence, provide:  (a) Name and location of court that sentenced you:	victed of a crime
	-BR-U)
(c) Date of sentencing: 10-78-30-71  Deing held on an immigration charge	
Other (explain):	

# Decision or Action You Are Challenging

5.	What are you challenging in this petition:
	THow your sentence is being carried out, calculated, or credited by prison or parole authorities (fo r example,
	revocation or calculation of good time credits)
	☐Pretrial detention
	☐ Immigration detention
	☐Detainer
	☐ The validity of your conviction or sentence as imposed (for example, sentence beyond the statutory
	maximum or improperly calculated under the sentencing guidelines)
	☐ Disciplinary proceedings
	Other (explain):
6.	Provide more information about the decision or action you are challenging:
	(a) Name and location of the agency or court: FMC Carswell + Worth, TX
	·
	(b) Docket number, case number, or opinion number:
	(c) Decision or action you are challenging (for disciplinary proceedings, specify the penalties imposed):
	I am Challenging credits owed to me for work, class and
	Vocational Classes at least 12 months FSA Credits OFF OF
	time.
	(d) Date of the decision or action: $(o - 10 - 22)$
	Your Earlier Challenges of the Decision or Action
7.	First appeal
/.	Did you appeal the decision, file a grievance, or seek an administrative remedy?
	Did you appear the decision, the a grievance, or seek an administrative remedy?  The seek an administrative remedy?
	(a) If "Yes," provide:
	(1) Name of the authority, agency, or court: <u>Unit Team 8.5 Grievance</u>
	(D) D. (CELL) / (C) D.
	(2) Date of filing: 6-10-72
	(3) Docket number, case number, or opinion number:
	(4) Result: Refused to sign paperwork was discarded
	(5) Date of result: 30 day Wait No result
	(6) Issues raised: Credit 12 months FSA Credit for employment
	3-22 to still working, 3 FSA Classes - 45 days, Vocational
	College Course 915 hrs 18 months FSA credit.

	·
(b)	If you answered "No," explain why you did not appeal:
Se	cond appeal
Af	ter the first appeal, did you file a second appeal to a higher authority, agency, or court?
<b>9</b> 1	Yes □No
(a)	If "Yes," provide:
	(1) Name of the authority, agency, or court: Warden Michael Smith BP 9  EMC Carswell Ft. Worth, TV
•	(2) Date of filing: 7-11-77
	(3) Docket number, case number, or opinion number:
	(4) Result: Kefused to sign or give to warden 8.5 was not sig
	(5) Date of result: 7-17-22 No Result
	(6) Issues raised: Credit 13 months FSA credit For employment
	3-22 to still working, 3 FSA classes - 45 days, Vocation College Course 915 hrs 18 months FSA credit.
(h)	If you appropried "No " cyrolein why you did not file a gooond cyrool.
(b)	If you answered "No," explain why you did not file a second appeal:
Thi	rd appeal
Thi Afte	rd appeal or the second appeal, did you file a third appeal to a higher authority, agency, or court?
Thi Afte	rd appeal or the second appeal, did you file a third appeal to a higher authority, agency, or court? or the second appeal, did you file a third appeal to a higher authority, agency, or court?
Thi Afte	rd appeal or the second appeal, did you file a third appeal to a higher authority, agency, or court? es □No If "Yes," provide:
Thi Afte	rd appeal or the second appeal, did you file a third appeal to a higher authority, agency, or court? es ONo If "Yes," provide:  (1) Name of the authority, agency, or court: Administrative Remain Condinator
Thi Afte	rd appeal or the second appeal, did you file a third appeal to a higher authority, agency, or court? es ONo  If "Yes," provide:  (1) Name of the authority, agency, or court: Administrative Remedy Coordinator South Contral Regional Office.
Thi Afte	rd appeal or the second appeal, did you file a third appeal to a higher authority, agency, or court? es ONO  If "Yes," provide:  (1) Name of the authority, agency, or court: Administrative Remedy Coordinator South Contral Regional Office.  (2) Date of filing: 5-33-32
Thi Afte	rd appeal  or the second appeal, did you file a third appeal to a higher authority, agency, or court?  es ONO  If "Yes," provide:  (1) Name of the authority, agency, or court: Administrative Remedy Coordinator  South Contral Regional Office.  (2) Date of filing: 5-23-22  (3) Docket number, case number, or opinion number: 1134972-R
Thi Afte	rd appeal or the second appeal, did you file a third appeal to a higher authority, agency, or court?  es ONO  If "Yes," provide:  (1) Name of the authority, agency, or court: Administrative Remedy Coordinator  South Contral Regional Office.  (2) Date of filing: 8-33-22  (3) Docket number, case number, or opinion number: 1134972-R1  (4) Result: Submitted to wrong level because 8.5 4 BP-9 were no
Thi Afte	rd appeal  or the second appeal, did you file a third appeal to a higher authority, agency, or court?  es ONO  If "Yes," provide:  (1) Name of the authority, agency, or court: Administrative Remedy Coordinator  South Contral Regional Office.  (2) Date of filing: 8-33-32  (3) Docket number, case number, or opinion number: 1134972 - R1  (4) Result: Submitted to wrong level because 8.5 + BP-9 Were no  (5) Date of result: 10-5-22
Thi Afte	rd appeal  or the second appeal, did you file a third appeal to a higher authority, agency, or court?  es   No  If "Yes," provide:  (1) Name of the authority, agency, or court: Administrative Remedy Coordinator  South Contral Regional Office.  (2) Date of filing: 5-23-22  (3) Docket number, case number, or opinion number: 1134972-R1  (4) Result: Submitted to wong level because 8.5 & BP-9 were n  (5) Date of result: 10-5-22

(b) I	f you answered "No," ex	plain why you did not file a third appeal:
	on under 28 U.S.C. § 22	·
	· "	nging the validity of your conviction or sentence as imposed?
□Ye		•
	es," answer the following	
(a)	•	d a motion under 28 U.S.C. § 2255 that challenged this conviction or sentence
	☐ Yes	□ No
	If "Yes," provide:	
		•
	(4) Result:	
	(5) Date of result:	
	(6) Issues raised:	
	(0) 133403 141304.	· · · · · · · · · · · · · · · · · · ·
	,	
	· · · · · · · · · · · · · · · · · · ·	
(b)	•	motion in a United States Court of Appeals under 28 U.S.C. § 2244(b)(3)(A), file a second or successive Section 2255 motion to challenge this conviction of
•	☐ Yes	□ No
	If "Yes," provide:	<i></i>
	•	
	/a> a 1	
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	/ 45 To 10	
	(4) Result:	
	• • • • • • • • • • • • • • • • • • • •	

(12/11) 1	Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241
	Dubit the state of
(c)	Explain why the remedy under 28 U.S.C. § 2255 is inadequate or ineffective to challenge your conviction or sentence:
	CONTAINED OF SORIONOC.
•	
	eals of immigration proceedings
	this case concern immigration proceedings?
☐ Yes	·
	If "Yes," provide:
(a)	Date you were taken into immigration custody:
(b)	Date of the removal or reinstatement order:
(c)	Did you file an appeal with the Board of Immigration Appeals?
	☐ Yes ☐ No
	If "Yes," provide:
	(1) Date of filing:
	(2) Case number:
	(3) Result:
	(4) Date of result:
	(5) Issues raised:
	· · · · · · · · · · · · · · · · · · ·
	·
(d)	Did you appeal the decision to the United States Court of Appeals?
` (	☐ Yes ☐ No
	If "Yes," provide:
	(1) Name of court:
	(2) Date of filing:
	(3) Case number:

	(4) Result:		•				
	(6) 7) ( 6						
	(6) Issues raised:						<del></del>
	(0) 105005 101500.						-
	•						
					•		
	appeals	. •	•	*			1.
	than the appeals you li	sted above, have you	filed any other	petition, applica	ation, or motion	about the	issu
	in this petition?	<b>.:</b>		r.			
□Yes		)					
	s," provide:						
• •	ind of petition, motion,	-					
(b) N	ame of the authority, a	gency, or court:					
(c) D:	ate of filing:						
• •	ocket number, case nui	mber, or opinion num	ber:	,			
(e) Re	•	-	***************************************				
• • •	ite of result:						
• •	sues raised:						
(3)			•	THE RESERVE THE PROPERTY OF TH	***************************************		
<u> </u>							
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				•	•		
		Grounds for Your	Challenge in Tl	his Petition			
	very ground (reason) t						
•	or treaties of the United		tional pages if y	ou have more ti	han four ground	s. State the	е
facts s	upporting each ground	l <b>.</b>					
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<del>ber</del>	1.11	to 12 month	' '	1 ~		1	

(12/11) Petition for	a Writ of Habeas Corpus Under 28 U.S.C. § 2241
(a) Supporti	ng facts (Be brief. Do not cite cases or law.):
histau.	College Class hours sheet 75A Class Sheet on Team
Sheet	all prove classes and credits earned and not
Collegi	ated. 8.5, BP-9 Were not even considered nor
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10 File	
	copies whit for the time abothed and tile the next
Kernedy.	present Ground One in all appeals that were available to you?
· · · · · · · · · · · · · · · · · · ·	No
O Yes	D 140
	•
GROUND TV	'O:
	·
	·
(a) Supporting	ng facts (Be brief. Do not cite cases or law.):
•	•
•	
	<u> </u>
(b) Did you	present Ground Two in all appeals that were available to you?
☐Yes	□No
<i>B</i> 103	
ROUND THE	· ·
KOOND IHE	J. D. C.
	•
	•
(a) Supporting	g facts (Be brief. Do not cite cases or law.):
	·

GROUND FO	JR:			
		***************************************	•	
(a) Supporting	g facts (Be brief. Do not cite cases or le	аw.):		
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	•			
(b) Did you		that ware arrailable to your	7	,
ן שטע שוכד (ס)	esent Ground Four in all appeals	mat were available to you	•	
☐Yes	ONo	mat were available to you	:	
□Yes	^ "	in all appeals that were av	vailable to you, explain	• •
☐Yes  If there are ar	ΠNo	in all appeals that were av		• •
☐Yes  If there are ar	ΠNo	in all appeals that were av	vailable to you, explain	• •
☐Yes  If there are ar	ΠNo	in all appeals that were av	vailable to you, explain	• •
☐Yes  If there are ar	grounds that you did not present	in all appeals that were av	vailable to you, explain	• •
☐Yes  If there are ar not:	grounds that you did not present	in all appeals that were av	vailable to you, explain	• •
If there are ar not:	grounds that you did not present	uest for Relief	vailable to you, explain	uct to
If there are ar not:	grounds that you did not present  Requ  you want the court to do:	in all appeals that were available to the line of the	vailable to you, explain	urt to

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

	2 Total atton Chaol & Vilally	or a orjury		
If you are incarcerated, on	what date did you place this petition	a in the prison mail system		
	that I am the petitioner, I have read t and correct. I understand that a false			the basis
Date: 10-11-22	Penm	Nox.		1 4 <del>1</del>
	:	Signature of Petitioner		
	Signature	of Attorney or other authorized	person, if arry	

# Case 4:22-cv-00974-P Document 1 Filed 10/28/22 Page 10 of 42 PageID 10

- 1. Job History Good Credit 2-25-2022 til Current (Oct 24th 2022) Still employed. 2 months Credit
- 2 College Education Course Good Credit Faid out of pocket 915 hrs.
- 3. Team Sheet Completed Classes
- 4. 8.5, BP-9, BP-10 all submitted the BP-9, 48.5 was Refusal to sign, BP-10 would not be accepted because & 85 + BP-9 was not signed. Denied Remedies

Case 4:22-cv-00974-P Document 1 Filed 10/28/22 Page 11 of 42 PageID 11 10-17-2022

PAGE 001 OF 001 \*

WRK DETAIL

12:48:33

REG NO.: 28005-509 NAME...: RODRIGUEZ, PENNIE

CATEGORY: WRK FUNCTION: DIS FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/	TIME	STOP DATE/	TIME
CRW	NURSE ASST	NURSING ASSISTANT	09-22-2022	1327	CURRENT	
CRW	NURSE ASST	NURSING ASSISTANT	05-26-2022	0838	09-22-2022	092:
CRW	MHIN-ASST	MENTAL HEALTH ASSIST	05-23-2022	0001	05-26-2022	0838
CRW	U1N ORD AM	UNIT 1 NORTH ORDERLY AM	02-25-2022	0001	05-23-2022	0001
CRW	UNASSG	PENDING WORK ASSIGNMENT	01-17-2022	1307	02-25-2022	0001
CRW	A&O	ADMISSION & ORIENTATION	01-11-2022	1428	01-17-2022	1307

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

#### Case 4:22-cv-00974-P Document 1 Filed 10/28/22 Page 12 of 42 PageID 12

#### REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: SEPTEMBER 23, 2022

FROM: ADMINISTRATIVE REMEDY COORDINATOR

SOUTH CENTRAL REGIONAL OFFICE

TO : PENNIE RODRIGUEZ, 28005-509

CARSWELL FMC UNT: MED/SURG QTR: F03-342L

P.O. BOX 27066

FORT WORTH, TX 76127

FOR THE REASONS LISTED BELOW, THIS REGIONAL APPEAL IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 1134972-R1 REGIONAL APPEAL

DATE RECEIVED : AUGUST 23, 2022

SUBJECT 1 : OTHER SENTENCE COMPUTATION

SUBJECT 2 INCIDENT RPT NO:

REJECT REASON 1: YOU SUBMITTED YOUR REQUEST OR APPEAL TO THE WRONG LEVEL. YOU SHOULD HAVE FILED AT THE INSTITUTION, REGIONAL OFFICE, OR CENTRAL

OFFICE LEVEL.

REJECT REASON 2: YOU MUST FIRST FILE A BP-9 REQUEST THROUGH THE INSTITUTION FOR THE WARDEN'S REVIEW AND RESPONSE BEFORE FILING AN APPEAL

AT THIS LEVEL.

REJECT REASON 3: SEE REMARKS.

REMARKS : YOU MUST FILE A BP9 AT THE INSTITUTIONAL LEVEL. IF

NOT SATISFIED WITH BP9 RESPONSE, THEN FILE BP10

APPEAL AT THE REGIONAL LEVEL.

RECEIVED OCT OF MAR

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Federal Bureau of Prisons

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Part B—RESPONSE			
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BP--230(13) APRIL 1982

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# U.S. Department of Justice 00974-P Document 1 Filegional Administrative Remedy Appeal 16 Federal Bureau of Prisons Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal. LAST NAME, FIRST, MIDDLE INITIAL UNIT INSTITUTION Part A—REASON FOR APPEAL DATE SIGNATURE OF REQUESTER Part B-RESPONSE

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If dissatisfied with this response, you may appeal to the General Counsel. days of the date of this response.	Your appeal must be received	1	1 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
THIRD COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE	E	CASE NUMBER:			
Part C—RECEIPT		CASE NUMBER:			
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U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Passas 4:22-cv-00974-P

Document 1

REQUEST FOR ADMINISTRATIVE REMEDY
Filed 10/28/22

Page 17 of 42

PageID 17

Type or use ball-point pen. If attachments are needed,	submit four copies	. Additional instructio	ns on reverse.
From: 1 Sex 1500c 151 n.r.c 1	05-509 reg. no.	NCC UNIT	<u>Carswell</u>
Part A- INMATE REQUEST			
I am requesting a full year of c	redus fro	om FSA t	to be
Calculated on my comp sheet.	I have	taken cl	lasses, finished
ceres pondence Classes, and have b	100 had a	199 BY CO	al smell such
eb 2022. I can not attach	an 8.5	, because	I was
informed it would not be signed a			
I am following my remodies to	, the be	et of my	apilitz.
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7-11-22	Le	Mu /	<u> </u>
Part B- RESPONSE		SIGNATURE OF	REQUESTER
			•
DATE	•	WARDEN OR REGI	ONAL DIRECTOR
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal n	nust be received in the I	Regional Office within 20 ca	dendar days of the date of this response.
ORIGINAL: RETURN TO INMATE		CASE NUMBER	R:
		CASE NUMBE	R:
Part C- RECEIPT			
Return to:  LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION
SUBJECT:		,,,,,	

DATE

\* U.S. DEPARTMENT OF LISTICE OO974-P Document 1 FIREQUEST FOR ADMINISTRATIVE REMEDY Page 18 of 42 Page D 18 Federal Bureau of Prisons Type or use ball-point pen. If attachments are needed, submit four copies, Additional instructions on reverse. dknos 509 Part A- INMATE REQUEST I am requesting a full year of credits from FSA to be Calculated on my comp sheet. I have taken classes, finished Correspondence Classes and have worked a job at Carswell since Feb 2000. I con not attack an 8.5 because I informed it would not be signed and it would be discarded. I am following my remoder to the best of my ability. Part B- RESPONSE WARDEN OR REGIONAL DIRECTOR DATE If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response. FIRST COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE CASE NUMBER: Part C- RECEIPT INSTITUTION REG. NO. UNIT LAST NAME, FIRST, MIDDLE INITIAL

MANTED ON RED

SUBJECT:

Type or use ball-point pen. If attachments are	needed, submit four copie	es. Additional instructions	on reverse.
rom Rodnewe Penne R	28005 509		Cartwell
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION
Part A- INMATE REQUEST		A-11. 1	
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7-11-22	19	Julio 17	
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DATE		WARDEN OR REGIO	NAL DIRECTOR
f dissatisfied with this response, you may appeal to the Regional Director. Yo	our appeal must be received in th		
SECOND COPY: RETURN TO INMATE		CASE NUMBER:	
		CASE NUMBER:	·
Part C- RECEIPT Return to:			
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION
SUBJECT:			

DATE

U.S. DEPARTMENT OF JUSTICE REMEDY Federal Bureau of Prisons 4:22-cv-00974-P Document 1 Filed 10/28/22 Page 20 of 42 PageID 20 \* U.S. DÉPARTMENT OF JUSTICE Type or use ball-point pen. If attachments are needed, submit four copies, Additional instructions on reverse. 10C CDD8% ar wet INSTITUTION REG. NO. LAST NAME, FIRST, MIDDLE INITIAL Part A- INMATE REQUEST I am regar some a full year of wedge from I SA to we alcalant on my compeshed. I have taken classes, in shad ione, pondente Classes and nour would a job at Contract since C.8 AD ADALO KON OUR E GOSE WAY informal is moved that we signed and it would use the conded. I am following my remedies to the last of my SIGNATURÉ OF REQUESTER DATE Part B- RESPONSE WARDEN OR REGIONAL DIRECTOR DATE If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response. CASE NUMBER: . THIRD COPY: RETURN TO INMATE CASE NUMBER: Part C- RECEIPT Return to: LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT:

DATE

CRW 1330.16a September 1, 2010 Attachment A

# **DOCUMENTATION OF INFORMAL RESOLUTION ATTEMPT**

Bureau of Prisons Program Statement No. 13360.16, Administrative Remedy Program, (December 31, 2007), requires, in most cases, that inmates attempt informal resolution of grievances prior to filling a formal written complaint. This form shall be used to document your efforts towards informally resolving your grievance. Register Number Inmate Name Kennie Briefly state your complaint. Include all details and facts which support your request and the date on which the basis for the complaint occurred. correspondence courses, classes - Isa and hard worked iefly state the action you request to resolve your complaint. Briefly state the action(s) you have taken and with whom you have spoken to resolve your complaint. 3. Sterting action GIVE THIS COMPLETED FORM TO YOUR UNIT COUNSELOR FOR RESPONSE. TO BE COMPLETED BY STAFF Date Received by Counselor for Response 5. Summary of investigation (place response on this form): What actions were taken to resolve this matter informally (place response on this form): 6. 7. Explain reasons for no resolution (place response on this form): Date & Time Issued BP 8.5 Unit Team Member: Date & Time Inmate Returned BP 8.5 Unit Team Member: Date & Time Investigation on BP 8.5 Completed and BP-9 (BP229(13) issued: Unit Manager/Camp Administrator Signature: On (date), this issue was informally resolved.

Distribution: (1) If complaint is informally resolved, forward the original, signed and dated by the inmate to the Unit Counselor for filing. (2) If complaint is NOT informally resolved, for the original (attached to BP-9 form) to the BP-9 Coordinator's box in the Warden's Office

Date

CRW 1330.16a September 1, 2010 Attachment A

# **DOCUMENTATION OF INFORMAL RESOLUTION ATTEMPT**

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Briefly state your complaint. Include all details and facts which support your request and the date on which the basis for the Inmate Name complaint occurred. equesting my FSA Credits. I have I full year worth. on correspondence courses classes - 750, and have worked Briefly state the action you request to resolve your complaint. yr wo that 754 Credts Briefly state the action(s) you have taken and with whom you have spoken to resolve your complaint. 3. Sterting action GIVE THIS COMPLETED FORM TO YOUR UNIT COUNSELOR FOR RESPONSE. TO BE COMPLETED BY STAFF Date Received by Counselor for Response 5. Summary of investigation (place response on this form): What actions were taken to resolve this matter informally (place response on this form): Explain reasons for no resolution (place response on this form): Date & Time Issued BP 6.5 Unit Team Member: Date & Time Inmate Returned BP 8.5 Unit Team Member: Date & Time Investigation on BP 8.5 Completed and BP-9 (BP229(13) issued: Unit Manager/Camp Administrator Signature: (date), this issue was informally resolved.

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CRW 1330.16a September 1, 2010 Attachment A

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Briefly state your complaint. Include all details and facts which support your request and the date on which the basis for the equesting my FSA Credits. I have I full year worth. Son correspondence courses classes - ISA and have worked state the action you request to resolve your complaint. yr worth of Briefly state the action(s) you have taken and with whom you have spoken to resolve your complaint. Starting action GIVE THIS COMPLETED FORM TO YOUR UNIT COUNSELOR FOR RESPONSE. TO BE COMPLETED BY STAFF Date Received by Counselor for Response 5. Summary of investigation (place response on this form): What actions were taken to resolve this matter informally (place response on this form): Explain reasons for no resolution (place response on this form): Date & Time Issued BP 8.5 Unit Team Member: Date & Time Inmate Returned BP 8.5 Unit Team Member: Date & Time Investigation on BP 8.5 Completed and BP-9 (BP229(13) issued: Unit Manager/Camp Administrator Signature: (date), this issue was informally resolved.

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Date

CRW 1330.16a September 1, 2010 Attachment A

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Briefly state your complaint. Include all details and facts which support your request and the date on which the basis for the am requesting my FSA Credits. I have I full year worth.

There token correspondence courses classes - ISB and have worked ction you request to resolve your complaint. Briefly state the action(s) you have taken and with whom you have spoken to resolve your complaint. Starting action GIVE THIS COMPLETED FORM TO YOUR UNIT COUNSELOR FOR RESPONSE. TO BE COMPLETED BY STAFF Date Received by Counselor for Response 5. Summary of investigation (place response on this form): What actions were taken to resolve this matter informally (place response on this form): 7. Explain reasons for no resolution (place response on this form): Date & Time Issued BP 8.5 Unit Team Member: Date & Time Inmate Returned BP 8.5 Date & Time Investigation on BP 8.5 Completed and BP-9 (BP229(13) issued: Unit Manager/Camp Administrator Signature: (date), this issue was informally resolved.

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Date

PAGE 001 OF 001 \*

INMATE EDUCATION DATA

19:25:10

TRANSCRIPT

08-10-2022

REGISTER NO: 28005-509

NAME..: RODRIGUEZ

FUNC: PRT

FORMAT....: TRANSCRIPT

RSP OF: CRW-CARSWELL FMC

----- EDUCATION INFORMATION FACL ASSIGNMENT DESCRIPTION

START DATE/TIME STOP DATE/TIME
01-13-2022 0919 CURRENT

CRW ESL HAS ENGLISH PROFICIENT

CRW GED HAS

COMPLETED GED OR HS DIPLOMA 01-13-2022 0919 CURRENT 

1

EDUCATION COURSES

START DATE STOP DATE EVNT AC LV HRS

SUB-FACL CRW MS

DESCRIPTION COLLEGE CORRESPONDENCE

02-19-2022 08-02-2022 P C P 03-14-2022 04-04-2022 P C P

915

CRW LOW

BILLIARDS HOSPITAL

G0000

INMATE EDUCATION DATA

TRANSCRIPT

08-10-2022

PAGE 001 OF 001 \*

19:25:10

REGISTER NO: 28005-509

NAME..: RODRIGUEZ

FUNC: PRT

FORMAT....: TRANSCRIPT

RSP OF: CRW-CARSWELL FMC

EDUCATION INFORMATION

FACL ASSIGNMENT DESCRIPTION

START DATE/TIME STOP DATE/TIME

CRW ESL HAS ENGLISH PROFICIENT

01-13-2022 0919 CURRENT

COMPLETED GED OR HS DIPLOMA 01-13-2022 0919 CURRENT

CRW GED HAS

SUB-FACL

----- EDUCATION COURSES -------

DESCRIPTION

START DATE STOP DATE EVNT AC LV HRS

CRW MS

COLLEGE CORRESPONDENCE

02-19-2022 08-02-2022 P C P 03-14-2022 04-04-2022 P C P

915

CRW LOW

BILLIARDS HOSPITAL

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INMATE EDUCATION DATA .

TRANSCRIPT

08-10-2022

PAGE 001 OF 001 \*

19:25:10

REGISTER NO: 28005-509 FORMAT....: TRANSCRIPT NAME. : RODRIGUEZ

RSP OF: CRW-CARSWELL FMC

FUNC: PRT

FACL ASSIGNMENT DESCRIPTION

EDUCATION INFORMATION -----START DATE/TIME STOP DATE/TIME

CRW ESL HAS

ENGLISH PROFICIENT

01-13-2022 0919 CURRENT

CRW GED HAS

COMPLETED GED OR HS DIPLOMA

01-13-2022 0919 CURRENT

----- EDUCATION COURSES

SUB-FACL

DESCRIPTION

START DATE STOP DATE EVNT AC LV HRS

CRW MS

COLLEGE CORRESPONDENCE

02-19-2022 08-02-2022 P C P

915

CRW LOW

BILLIARDS HOSPITAL

03-14-2022 04-04-2022

P C P

G0000

CRWDL PAGE 001 OF 001 \* INMATE EDUCATION DATA

08-10-2022

TRANSCRIPT

19:25:10

REGISTER NO: 28005-509

NAME..: RODRIGUEZ

FORMAT....: TRANSCRIPT

RSP OF: CRW-CARSWELL FMC

FUNC: PRT

----- EDUCATION INFORMATION FACL ASSIGNMENT DESCRIPTION

START DATE/TIME STOP DATE/TIME

CRW ESL HAS ENGLISH PROFICIENT

01-13-2022 0919 CURRENT

CRW GED HAS

COMPLETED GED OR HS DIPLOMA

01-13-2022 0919 CURRENT

SUB-FACL

EDUCATION COURSES

DESCRIPTION

START DATE STOP DATE EVNT AC LV HRS 02-19-2022 08-02-2022 P C P 915

CRW MS

COLLEGE CORRESPONDENCE

03-14-2022 04-04-2022 P C P

CRW LOW

BILLIARDS HOSPITAL

G0000



(Inmate Copy)

SEQUENCE: 02263583

Team Date: 08-08-2022

Dept. of Justice / Federal Bureau of Prisons

Plan is for inmate: RODRIGUEZ, PENNIE 28005-509

CRW CARSWELL FMC Facility:

RODRIGUEZ, PENNIE

28005-509

Age: 44

Name:

Register No.:

Date of Birth: 05-19-1978 Proj. Rel. Date: 07-31-2024

Proj. Rel. Mthd: GOOD CONDUCT TIME

DNA Status: PREBOP TST / 11-10-2021

Detainers

Detaining Agency

Remarks

NO DETAINER

#### **Current Work Assignments**

Faci	Assignment	Description	Start	
CRW	NURSE ASST	NURSING ASSISTANT	05-26-2022	
Current	<b>Education Inf</b>	ormation		
Facl	Assignment	Description	Start	,
CRW	ESL HAS	ENGLISH PROFICIENT	01-13-2022	
CRW	GED HAS	COMPLETED GED OR HS DIPLOMA	01-13-2022	
Education	n Courses			
SubFact	Action	Description	Start	Stop
CRW		COLLEGE CORRESPONDENCE	02-19-2022	CURRENT
CRW LOW	С	BILLIARDS HOSPITAL	03-14-2022	04-04-2022
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#### Discipline History (Last 6 months)

1	Hearing Date	Prohibited Acts

<sup>&</sup>quot;NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS "

#### **Current Care Assignments**

			i e	
Assignment	Description	Start		
CARE1-MH	CARE1-MENTAL HEALTH	01-20-2022		
CARE2	STABLE, CHRONIC CARE	05-16-2022		

## Current Medical Duty Status Assignments

Assignment	Description	Start	
C19-T NEG	COVID-19 TEST-RESULTS NEGATIVE	01-26-2022	
NO F/S	NO FOOD SERVICE WORK	02-09-2022	
REG DUTY	NO MEDICAL RESTR-REGULAR DUTY	02-09-2022	
<b>Current Drug Ass</b>	ignments		

Assignment	Description	Start	
DAP NO INT	DRUG ABUSE PROGRAM NO INTEREST	07-21-2022	
ED COMP	DRUG EDUCATION COMPLETE	04-25-2022	
NR WAIT	NRES DRUG TMT WAITING	04-20-2022	

## FRP Payment Plan

Most Recent Payment Plan

FRP Assignment: PART FINANC RESP-PARTICIPATES Start: 02-15-2022

\$150.00

Inmate Decision: AGREED \$25.00

Frequency: QUARTERLY Obligation Balance: \$177,831.00

Payments past 6 months: Financial Obligations

			rest in the		-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
No.	Туре	Amount		Balance	Payable		Status		
1	ASSMT	\$100.00		(\$25.00)	IMMEDIA	\TE	COMPLETEDN	7,77.00	
	A	djustments:	Date Added	Faci	Adjust Type	Reason		Amount	
			03-09-2022	CRW	PAYMENT	OUTSIDE		\$100,00	
			03-05-2022	CRW	PAYMENT	INSIDE P	MT '	\$25.00	$\mathcal{C}_{i} = \mathcal{C}_{i}$
2	REST FV	\$177,881	.00	\$177,856.00	IMMEDIA	TE	AGREED		
	Ad	djustments:	Date Added	Facl	Adjust Type	Reason		Amount	
			66-07-2022	CRW	PAYMENT	INSIDE PI	MT	\$25.00	



(Inmate Copy)

SEQUENCE: 02263583 Team Date: 08-08-2022

Dept. of Justice / Federal Bureau of Prisons Plan is for inmate: RODRIGUEZ, PENNIE 28005-509

Facility: CRW CARSWELL FMC

RODRIGUEZ, PENNIE

28005-509 Register No.:

Age:

Name:

Date of Birth: 05-19-1978 Proj. Rel. Date: 07-31-2024

Proj. Rel. Mthd: GOOD CONDUCT TIME

DNA Status: PREBOP TST / 11-10-2021

Detainers

Detaining Agency

NO DETAINER

**Current Work Assignments** 

Faci	Assignment	Description	Start	
CRW	NURSE ASST	NURSING ASSISTANT	05-26-2022	
Curren	t Education Inf	ormation		
Facl	Assignment	Description	Start	

Remarks

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CRW	ESL HAS	ENGLISH PROFICIENT	01-13-2022
CRW	GED HAS	COMPLETED GED OR HS DIPLOMA	01-13-2022

Education Courses

SubFacl Action	Description	Start	Stop	
CRW	COLLEGE CORRESPONDENCE	02-19-2022	CURRENT	
CRW LOW C	BILLIARDS HOSPITAL	03-14-2022	04-04-2022	

Discipline History (Last 6 months)

Hearing Date Prohibited Acts \*\* NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS \*\*

Current Care Assignm	ent	S
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Assignment	Description	Start	
CARE1-MH	CARE1-MENTAL HEALTH	01-20-2022	
CARE2	STABLE, CHRONIC CARE	05-16-2022	

Current Medical Duty Status Assignments

Assignment	Description	Start
C19-T NEG	COVID-19 TEST-RESULTS NEGATIVE	01-26-2022
NO F/S	NO FOOD SERVICE WORK	02-09-2022
REG DUTY	NO MEDICAL RESTRREGULAR DUTY	02-09-2022
SECTION SECTION	CARRAM STATE CONTROLLED A CONTROL OF THE CONTROL OF	

Current Drug Assignments

Assignment	Description	Start
DAP NO INT	DRUG ABUSE PROGRAM NO INTEREST	07-21-2022
ED COMP	DRUG EDUCATION COMPLETE	04-25-2022
NR WAIT	NRES DRUG TMT WAITING	04-20-2022

FRP Payment Plan

Most Recent Payment Plan

FRP Assignment: PART FINANC RESP-PARTICIPATES Start: 02-15-2022

Inmate Decision: **AGREED** \$25.00 Frequency: QUARTERLY Payments past 6 months: \$150.00 Obligation Balance: \$177,831.00

Financial Obligations

No.	Туре	Amount	1	Balance	Payable	Status	<del></del>	
1	ASSMT	\$100.00	(	\$25.00)	IMMEDIA	TE COMPLETEDN		·
	[4	\djustments:	Date Added	Faci	Adjust Type	Reason	Amount	
			03-09-2022	CRW	PAYMENT	OUTSIDE	\$100.00	\$1.00
			03-05-2022	CRW	PAYMENT	INSIDE PMT	\$25.00	
!	REST FV_	\$177,881	.00	177,856.00	IMMEDIA	TE AGREED		
	P	\djustments;	Date Added	Faci	Adjust Type	Reason (2)	Amount	
			06-07-2022	CRW	PAYMENT	INSIDE PMT	\$25.00	



(Inmate Copy)

SEQUENCE: 02263583

Dept. of Justice / Federal Bureau of Prisons

Team Date: 08-08-2022

Plan is for inmate: RODRIGUEZ, PENNIE 28005-509

Facility: CRW CARSWELL FMC

Name: RODRIGUEZ, PENNIE

Register No.: 28005-509

> Age: 44

05-19-1978 Date of Birth:

Proj. Rel. Date: 07-31-2024

Proj. Rel. Mthd: GOOD CONDUCT TIME

DNA Status: PREBOP TST / 11-10-2021

#### Detainers

Detaining Agency

Remarks NO DETAINER

# **Current Work Assignments**

tion Informatio nment Descri	IG ASSISTANT n ption				
nment Descri					
	ption				
			Start		
AS ENGLIS	H PROFICIENT		01-13-2022		
AS COMPL	ETED GED OR HS DI	PLOMA	01-13-2022		
rses					1 N
			Start	Stop	*, ,
COLLEC	SE CORRESPONDEN	ICE	02-19-2022	CURRENT	
BILLIAR	DS HOSPITAL		03-14-2022	04-04-2022	
	AS COMPLI rses Descri COLLEC BILLIAR	AS COMPLETED GED OR HS DI rses  Description  COLLEGE CORRESPONDEN BILLIARDS HOSPITAL	AS COMPLETED GED OR HS DIPLOMA rses  Description  COLLEGE CORRESPONDENCE BILLIARDS HOSPITAL	AS COMPLETED GED OR HS DIPLOMA 01-13-2022  rses  Description Start  COLLEGE CORRESPONDENCE 02-19-2022 BILLIARDS HOSPITAL 03-14-2022	AS COMPLETED GED OR HS DIPLOMA 01-13-2022  rses  Description Start Stop  COLLEGE CORRESPONDENCE 02-19-2022 CURRENT BILLIARDS HOSPITAL 03-14-2022 04-04-2022

Hearing Date Prohibited Acts

#### **Current Care Assignments**

Assignment	Description	Start	
CARE1-MH	CARE1-MENTAL HEALTH	01-20-2022	
CARE2	STABLE, CHRONIC CARE	05-16-2022	•

#### Current Medical Duty Status Assignments

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Assignment	Description .	Start	
C19-T NEG	COVID-19 TEST-RESULTS NEGATIVE	01-26-2022	
NO F/S	NO FOOD SERVICE WORK	02-09-2022	
REG DUTY	NO MEDICAL RESTRREGULAR DUTY	02-09-2022	

## Current Drug Assignments

Assignment	Description	Start	
DAP NO INT	DRUG ABUSE PROGRAM NO INTEREST	07-21-2022	
ED COMP	DRUG EDUCATION COMPLETE	04-25-2022	
NR WAIT	NRES DRUG TMT WAITING	04-20-2022	

# FRP Payment Plan

Most Recent Payment Plan

FRP Assignment: **PART** FINANC RESP-PARTICIPATES Start: 02-15-2022

Inmate Decision: **AGREED** \$25.00 Frequency: QUARTERLY Payments past 6 months: \$150.00 Obligation Balance: \$177,831.00

Financial Obligations

	<b></b>		. 15	N 2132	1.01.1		
No.	Type	Amount		Balance	Payable	Status	
1	ASSMT	\$100.00		(\$25.00)	IMMEDIA	TE COMPLETED	V
	[4	\djustments:	Date Added	FacI	Adjust Type	Reason	Amount
			03-09-2022	CRW .	PAYMENT	O⊍TŞIDE	\$100,00
			03-05-2022	CRW	PAYMENT	INSIDE PMT	\$25.00
	REST FV_	\$177,881	.00	\$177,856.00	IMMEDIA	ATE, AGREED	
	[2	ldjustments:	Date Added	Facl	Adjust Type	Reason	Amount
			06-07-2022	CRW	PAYMENT	INSIDE PMT	\$25.00

<sup>&</sup>quot; NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS "



(Inmate Copy)

**SEQUENCE: 02263583** 

Team Date: 08-08-2022

Dept. of Justice / Federal Bureau of Prisons Plan is for inmate: RODRIGUEZ, PENNIE 28005-509

CRW CARSWELL FMC Facility:

RODRIGUEZ, PENNIE

Register No.: 28005-509

Age:

Name:

Date of Birth: 05-19-1978

07-31-2024 Proj. Rel. Date:

Proj. Rel. Mthd: GOOD CONDUCT TIME

DNA Status: PREBOP TST / 11-10-2021

#### Detainers

Detaining Agency

Remarks

NO DETAINER

#### **Current Work Assignments**

Faci	Assignment	Description	Start	
CRW	NURSE ASST	NURSING ASSISTANT	05-26-2022	
Current	Education Inf	ormation		Angendaria da Santa
Facl	Assignment	Description	Start	
CRW	ESL HAS	ENGLISH PROFICIENT	01-13-2022	
CRW	GED HAS	COMPLETED GED OR HS DIPLOMA	01-13-2022	•
Education	n Courses		Tale A	
SubFacl	Action	Description	Start	Stop
CRW		COLLEGE CORRESPONDENCE	02-19-2022	CURRENT
CRW LOW	С	BILLIARDS HOSPITAL	03-14-2022	04-04-2022
Disciplin	a History / a	of 6 months) as a Nada Water and the contract to	CA TO DECEMBERATION DA COMPANIADO	an da a granda da da an anti-

meaning Date	Promidited Acts	

<sup>\*\*</sup> NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS \*\*

#### **Current Care Assignments**

Assignment	Description	Start	
CARE1-MH	CARE1-MENTAL HEALTH	01-20-2022	***************************************
CARE2	STABLE, CHRONIC CARE	05-16-2022	

#### Current Medical Duty Status Assignments

Assignment	Description	Start	
C19-T NEG	COVID-19 TEST-RESULTS NEGATIVE	01-26-2022	
NO F/S	NO FOOD SERVICE WORK	02-09-2022	
REG DUTY	NO MEDICAL RESTRREGULAR DUTY	02-09-2022	

#### Current Drug Assignments

Assignment	Description	Start
DAP NO INT	DRUG ABUSE PROGRAM NO INTEREST	07-21-2022
ED COMP	DRUG EDUCATION COMPLETE	04-25-2022
NR WAIT	NRES DRUG TMT WAITING	04-20-2022

#### FRP Payment Plan

Most Recent Payment Plan

FRP Assignment: PART FINANC RESP-PARTICIPATES Start: 02-15-2022

Inmate Decision: AGREED \$25.00 Frequency: QUARTERLY Payments past 6 months: \$150.00 Obligation Balance: \$177,831.00

Financial Obligations

No.	Туре	Amount		Balance	Payable		Status	
1	ASSMT	\$100.00		(\$25.00)	IMMEDIA	ATE .	COMPLETEDN	
	Ā	djustments:	Date Added	Facl	Adjust Type	Reason		Amount
			03-09-2022	CRW	PAYMENT	OUTSIDE		\$100.00
			03-05-2022	CRW	PAYMENT	INSIDE P	MT ·	\$25.00
	REST FV	\$177,881	.00	\$177,856.00	IMMEDI/	\TE	AGREED	
	A	djustments:	Date Added	Facl	Adjust Type	Reason		Amount
			06-07-2022	CRW	PAYMENT	INSIDE P	MT	\$25,00



#### Individualized Needs Plan - Program Review (Inmate Copy) Dept. of Justice / Federal Bureau of Prisons

Team Date: 08-08-2022

SEQUENCE: 02263583

Plan is for inmate: RODRIGUEZ, PENNIE 28005-509

Most Recent Payment Plan

FRP Deposits

Trust Fund Deposits - Past 6 months:

\$2,408.68

Payments commensurate?

New Payment Plan:

\*\* No data \*\*

#### Current FSA Assignments

Assignment	Description	Start
FTC ELIG	FTC-ELIGIBLE - REVIEWED	01-25-2022
N-ANGER Y	NEED - ANGER/HOSTILITY YES	08-03-2022
N-ANTISO N	NEED - ANTISOCIAL PEERS NO	08-03-2022
N-COGNTV Y	NEED - COGNITIONS YES	08-03-2022
N-DYSLEX N	NEED - DYSLEXIA NO	02-01-2022
N-EDUC N	NEED - EDUCATION NO	08-03-2022
N-FIN PV Y	NEED - FINANCE/POVERTY YES	08-03-2022
N-FM/PAR N	NEED - FAMILY/PARENTING NO	08-03-2022
N-M HLTH N	NEED - MENTAL HEALTH NO	08-03-2022
N-MEDICL Y	NEED - MEDICAL YES	08-03-2022
N-RLF Y	NEED - REC/LEISURE/FITNESS YES	08-03-2022
N-SUB AB Y	NEED - SUBSTANCE ABUSE YES	08-03-2022
N-TRAUMA Y	NEED - TRAUMA YES	08-03-2022
N-WORK Y	NEED - WORK YES	08-03-2022
R-MED	MEDIUM RISK RECIDIVISM LEVEL	04-18-2022

#### Progress since last review

Completed the Drug education course, Resolve workshop. Making payments on her FRP as ordered in the last 6 months paid \$150.00. Did not incur any incident reports since last program review. Completed the Billiards hospital course since last program review. Working as a Nurse ASST.

#### **Next Program Review Goals**

Take the Criminal thinking course, the Assert yourself for female offenders. Continue making payments on your FRP as ordered. Do not incur any incident reports.

#### Long Term Goals

Take an apprenticeship course of your choice by 12/23.

#### **RRC/HC Placement**

Management decision - will review 17-19 months prior to release.

Consideration has been given for Five Factor Review (Second Chance Act):

- Facility Resources
- Offense - Prisoner
- Court Statement
- Sentencing Commission

#### Comments

No PREA concerns.

will be reviewed for RRC/HC placement 17 to 19 months prior to her release date. A RRC/HC review consist of following the guidelines of the Second Chance Act of 2007, using the five factor criteria in accordance with 18 U.S.C. 3261.



#### Individualized Needs Plan - Program Review (Inmate Copy) Dept. of Justice / Federal Bureau of Prisons

SEQUENCE: 02263583

Plan is for inmate: RODRIGUEZ, PENNIE 28005-509

Team Date: 08-08-2022

Most Recent Payment Plan

#### FRP Deposits

Trust Fund Deposits - Past 6 months:

\$2,408.68

Payments commensurate?

New Payment Plan:

\*\* No data \*\*

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Assignment	Description	Start	٠.
FTC ELIG	FTC-ELIGIBLE - REVIEWED	01-25-2022	
N-ANGER Y	NEED - ANGER/HOSTILITY YES	08-03-2022	
N-ANTISO N	NEED - ANTISOCIAL PEERS NO	08-03-2022	
N-COGNTV Y	NEED - COGNITIONS YES	08-03-2022	•
N-DYSLEX N	NEED - DYSLEXIA NO	. 02-01-2022	
N-EDUC N	NEED - EDUCATION NO	08-03-2022	
N-FIN PV Y	NEED - FINANCE/POVERTY YES	08-03-2022	
N-FM/PAR N	NEED - FAMILY/PARENTING NO	08-03-2022	
N-M HLTH N	NEED - MENTAL HEALTH NO	08-03-2022	
N-MEDICL Y	NEED - MEDICAL YES	08-03-2022	
N-RLF Y	NEED - REC/LEISURE/FITNESS YES	08-03-2022	
N-SUB AB Y	NEED - SUBSTANCE ABUSE YES	08-03-2022	
N-TRAUMA Y	NEED - TRAUMA YES	08-03-2022	
N-WORK Y	NEED - WORK YES	08-03-2022	
R-MED	MEDIUM RISK RECIDIVISM LEVEL	04-18-2022	

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No.

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SEQUENCE: 02263583

Plan is for inmate: RODRIGUEZ, PENNIE 28005-509

Team Date: 08-08-2022

Most Recent Payment Plan

FRP Deposits

Trust Fund Deposits - Past 6 months: \$2,408.68

Payments commensurate?

New Payment Plan: \*\* No data \*\*

# Current FSA Assignments

Assignment	Description	Start	
FTC ELIG	FTC-ELIGIBLE - REVIEWED	01-25-2022	
N-ANGER Y	NEED - ANGER/HOSTILITY YES	08-03-2022	
N-ANTISO N	NEED - ANTISOCIAL PEERS NO	08-03-2022	
N-COGNTV Y	NEED - COGNITIONS YES	08-03-2022	
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N-FM/PAR N	NEED - FAMILY/PARENTING NO	08-03-2022	
N-M HLTH N	NEED - MENTAL HEALTH NO	08-03-2022	
N-MEDICL Y	NEED - MEDICAL YES	08-03-2022	et e
N-RLF Y	NEED - REC/LEISURE/FITNESS YES	08-03-2022	• ''
N-SUB AB Y	NEED - SUBSTANCE ABUSE YES	08-03-2022	
N-TRAUMA Y	NEED - TRAUMA YES	08-03-2022	
N-WORK Y	NEED - WORK YES	08-03-2022	
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Dept. of Justice / Federal Bureau of Prisons

SEQUENCE: 02263583

Plan is for inmate: RODRIGUEZ, PENNIE 28005-509

Team Date: 08-08-2022

Most Recent Payment Plan

ivious recount aymork

FRP Deposits

Trust Fund Deposits - Past 6 months: \$2

Payments commensurate? Y

New Payment Plan: \*\* No data \*\*

Current FSA Assignments

Assignment	Description	Start	
FTC ELIG	FTC-ELIGIBLE - REVIEWED	01-25-2022	
N-ANGER Y	NEED - ANGER/HOSTILITY YES	08-03-2022 .	
N-ANTISO N	NEED - ANTISOCIAL PEERS NO	08-03-2022	•
N-COGNTV Y	NEED - COGNITIONS YES	08-03-2022	
N-DYSLEX N	NEED - DYSLEXIA NO	02-01-2022	
N-EDUC N	NEED - EDUCATION NO	08-03-2022	
N-FIN PV Y	NEED - FINANCE/POVERTY YES	08-03-2022	
N-FM/PAR N	NEED - FAMILY/PARENTING NO	08-03-2022	
N-M HLTH N	NEED - MENTAL HEALTH NO	08-03-2022	
N-MEDICL Y	NEED - MEDICAL YES	08-03-2022	4
I-RLF Y	NEED - REC/LEISURE/FITNESS YES	08-03-2022	
I-SUB AB Y	NEED - SUBSTANCE ABUSE YES	08-03-2022	
N-TRAUMA Y	NEED - TRAUMA YES	08-03-2022	
I-WORK Y	NEED - WORK YES	08-03-2022	
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No.

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   Prisoner
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#### Comments

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# FSA Recidivism Risk Assessment (PATTERN 01.02.01)

Register Number: 28005-509, Last Name: RODRIGUEZ

U.S. DEPARTMENT OF JUSTICE		*.	FEDERAL	BUREAU OF PRISONS
Register Number: 28005-509		Risk Level Inma	te: R-1	MED
Inmate Name		General Level	•	
Last RODRIGUEZ	•	Violent Level	: R-1	LW (10)
First PENNIE		Security Level	Inmate: MI	MUMIN
Middle:	* 1	Security Level	Facli,: LO	W
Suffix:		Responsible Fac	•	
Gender FEMALE	14 1 W	Start Incarcera	=	
PATTERN Worksheet Summary		· · · · · · · · · · · · · · · · · · ·		
Item	- Value	е -	General S	Score - Violent Score
Current Age	43	,	10	2
Violent Offense (PATTERN)	FALSI	Ε .	0	0
Criminal History Points	26	, K	40	10
History of Escapes	0	•	0-	0
History of Violence	0	the state of	0	0 .
Education Score	High	SchoolDegreeOrGED	-6	-2
Drug Program Status	NoDA	PCompletion	0	. 0
All Incident Reports (120 Months)	0		0	0
Serious Incident Reports (120 Months)	. 0	· · · · · · · · · · · · · · · · · · ·	0	0
Time Since Last Incident Report	N/A		0	0
Time Since Last Serious Incident Report	N/A		0	0
FRP Refuse	FALS	E	0	0
Programs Completed	0 .		0	0
Work Programs	0		0	. 0

Total

# FSA Recidivism Risk Assessment (PATTERN 01.02.01)

Register Number: 28005-509, Last Name: RODRIGUEZ

#### U.S. DEPARTMENT OF JUSTICE

## FEDERAL BUREAU OF PRISONS

Register Number: 28005-509	Risk Level Inma	te: R-MED	
Inmate Name	General Level	: R-MED (4	4)
Last RODRIGUEZ	Violent Level	: R-LW (10	))
First: PENNIE	Security Level	Inmate: MINIMUM	;
Middle:	Security Level	Facl: LOW	
Suffix:	Responsible Fac	ility.: CRW	
Gender FEMALE	· · ·	tion: 01/11/20	22
PATTERN Worksheet Summary	·		
Item -	Value	- General Score	- Violent Score
Current Age	43	-10	2
Violent Offense (PATTERN)	FALSE	0	0
Criminal History Points	26	40	10
History of Escapes	0	0	0
History of Violence	0	0	0
Education Score	HighSchoolDegreeOrGE	) -6	-2
Drug Program Status	NoDAPCompletion	0 .	0
All Incident Reports (120 Months)	0	0	0
Serious Incident Reports (120 Months)	0	0	0
Time Since Last Incident Report	N/A	0	0
Time Since Last Serious Incident Report	N/A	0	.0
FRP Refuse	FALSE	. 0	0
Programs Completed	0	30	0
Work Programs	0 (19)	0	0
	Total	44	10 .

# Case 4:22-cv-00974-P Document 1 Filed 10/28/22 Page 39 of 42 PageID 39

# FSA Recidivism Risk Assessment (PATTERN 01.02.01)

Register Number: 28005-509, Last Name: RODRIGUEZ

#### U.S. DEPARTMENT OF JUSTICE

#### FEDERAL BUREAU OF PRISONS

Register Number: 28005-509		Risk Level Inmat	ię:	R-MED						
Inmate Name  Last: RODRIGUEZ  First: PENNIE  Middle:  Suffix:		General Level: R-MED (44)  Violent Level: R-LW (10)  Security Level Inmate: MINIMUM  Security Level Facl: LOW  Responsible Facility.: CRW								
						Gender: FEMALE		Start Incarcerat	ion:	01/11/2022
						PATTERN Worksheet Summary				
						Item	- Valu	e <del>-</del>	Genera	l Score - Violent Score
						Current Age	43		10	2
Violent Offense (PATTERN)	FALS	E	0	0						
Criminal History Points	26		40	10						
History of Escapes	0		0	0						
History of Violence	0	e variable de la companya de la comp	0	0 .						
Education Score	High	SchoolDegreeOrGED	-6	-2						
Drug Program Status	NoDA	PCompletion	0	0						
All Incident Reports (120 Months)	0		0	0						
Serious Incident Reports (120 Months)	Ö		0	0						
Time Since Last Incident Report	N/A		0	0						
Time Since Last Serious Incident Report	N/A		0	. 0						
FRP Refuse	FALS	E	0	Ö						
Programs Completed	0	2	0	0						
Work Programs	0		0	0						
		Total	44	10						

#### FSA Recidivism Risk Assessment (PATTERN 01.02.01)

Register Number: 28005-509; Last Name: RODRIGUEZ

#### U.S. DEPARTMENT OF JUSTICE

#### FEDERAL BUREAU OF PRISONS

		i		•		
Register Number: 28005-509		Risk Level Inma	te: R	-MED		
Inmate Name	General Level: R-MED (44) Violent Level: R-LW (10) Security Level Inmate: MINIMUM					
Last: RODRIGUEZ						
First PENNIE						
Middle:		Security Level	Facl: L	.OW		
Suffix:		Responsible Facility.: CRW				
Gender: FEMALE		Start Incarcera	tion: 0	1/11/2022		
PATTERN Worksheet Summary						
	- Value	e -	General	Score - Violent Score		
Current Age	43		1.0	2		
Violent Offense (PATTERN)	FALSI	<b>E</b> ::	0	0		
Criminal History Points	26		40	10		
History of Escapes	0 .		0 .	0		
History of Violence	0	**************************************	. 0	0		
Education Score	HighSchoolDegreeOrGED -6 -2					
Drug Program Status	NoDAI	PCompletion	0	0		
All Incident Reports (120 Months)	0		0	. 0		
Serious Incident Reports (120 Months)	0		0	0 .		
Time Since Last Incident Report	N/A		0 .	0		
Time Since Last Serious Incident Report	N/A		0	0		
FRP Refuse	FALSI		0	0		
Programs Completed	0	+1,	0 .	0		
Work Programs	0	• •	0	. 0		
		Total	44	10		

